



OFFICIAL CKC ENTRY FORM

Eastern Slopes Spaniel Association
June 25 & 26, 2022 McVinnie Conservation Site, AB.

EVENT INFORMATION

FEES: Entry Fee \$ _____ TCN Fee \$ _____ Total Enclosed _____
June 25 June 26
____ Working \$60.00 ____ Working \$60.00
____ Junior \$60.00 ____ Junior \$60.00
____ Senior \$90.00 ____ Senior \$90.00
____ Master \$90.00 ____ Master \$90.00
____ TCN \$10.50 ____ TCN \$10.50

G INFORMATION

Registered Name of Dog: _____ Call Name: _____

Breed: _____ Male _____ Female _____

CKC Registration # _____ CKC Miscellaneous # _____

NUMBER:
F

CKC ERN # _____ TCN # _____

Date of Birth: ____/____/____ Place of Birth Canada ____ Elsewhere ____
Day Month Year

BREEDER(S)

SIRE

DAM

REG'D OWNER OR Lessee

OWNER'S ADDRESS or Lessee

Name of Handler

CREDIT CARD ENTRIES ONLY _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

CARD NO. _____ EXPIRY DATE ____/____/____

CARDHOLDER NAME (PLEASE PRINT) _____

I CERTIFY that I am the registered owner(s) of this dog, or that I am the duly authorized agent of the registered owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of acceptance of this entry, I (we) agree to abide by all the rules of the Canadian Kennel Club and the Standard Procedures governing this Field Trial and any directions made in accord with them, and I further agree that the dog is entered in and will be at this trial at my own risk and that I will hold the trial-giving club, its members and agents free from liability for any claims arising out of the entry of the dog or its presence at the trial.

Signature of Owner or Agent _____

Telephone Number _____

E-mail address _____



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DOG INFORMATION

Registered Name of Dog: _____ Call Name: _____

Breed: _____ Male _____ Female _____

CKC Registration # _____ CKC Miscellaneous # _____

NUMBER:

CKC ERN # _____ TCN # _____

Date of Birth: ____/____/____ Place of Birth Canada ____ Elsewhere ____
Day Month Year

BREEDER(S)

SIRE

DAM

REG'D OWNER OR Lessee

OWNER'S ADDRESS or Lessee

Name of Handler

CREDIT CARD ENTRIES ONLY _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

CARD NO. _____ EXPIRY DATE ____/____/____

CARDHOLDER NAME (PLEASE PRINT) _____

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